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Dohme, Lilly and Roche.

Background: Systemic Sclerosis (SSc) is a generalized and systemic autoim-
mune disease that affects the connective tissue of the skin and internal organs, 
especially kidneys, heart and lungs [1].

Objective: Numerous data from recent literature confirm the regulatory action 
of vitamin D on the immune system and, therefore, how a deficit of this micronu-
trient can lead to alterations in the immune response, as is known to happen 
in many allergic and autoimmune diseases [2]. We studied the association 
between vitamin D levels and SSc, evaluating their correlation with the characteristic man-
ifestations of the pathology.

Methods: We dosed the serum levels of 25-hydroxy-vitamin D in 42 patients with 
SSc (average age 64.63 +/-7.33) and 40 healthy controls comparable for sex and 
age. The diagnosis of SSc was formulated in accordance to 2013 ACR/EULAR 
criteria. None of the subjects involved in the study took vitamin D products.

Results: Patients' vitamin D levels (26.22 +/-9.82 ng/ml), although they tended to 
be lower than controls (27.80 +/- 16.53 ng/ml), showed no significant difference. In patients with pulmonary fibrosis, vitamin D levels were 23.28 +/- 12.30 lower than in patients with no complications 
and patients without complications 26.07 +/- 9.92, although with not statistically 
significant values. No statistically 
significant difference was found between vitamin D levels in patients with trophic 
ulcers compared to controls without complications.

Conclusion: According to the studies in the literature, in our sample, vitamin D 
deficiency was therefore greater in patients with SSc, especially with pulmonary 
fibrosis, than in controls [3,4]. Vitamin D levels in diffused-type SSc patients 
were significantly lower than those in limited-type SSc patients. Further studies are 
needed to clarify the role that vitamin D deficiency plays in SSc, but lower vitamin 
D levels in these patients may suggest the need to monitor blood levels of vitamin 
D and supplement it appropriately.

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AB0436 OUTCOMES OF DOSE-REDUCTION OR 
DISCONTINUATION OF TOLICIZUMAB IN PATIENTS 
WITH EARLY DIFFUSE CUTANEOUS SYSTEMIC 
SCLEROSIS

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Background: Potential efficacy and favorable safety profiles of tocilizumab (TCZ) 
have been demonstrated in patients with diffuse cutaneous systemic sclerosis 
(dcsSc) [1, 2]. However, clinical outcomes after dose-reduction or discontinua-
tion of TCZ due to an improvement of skin thickness remain unknown.

Objectives: To investigate the clinical outcomes after dose-reduction or discon-
tinuation of TCZ in patients with dcSSc in a real-world setting.

Methods: This is a single-center, retrospective, observational study using a 
data-base of consecutive SSc patients who visited our center between April 2014 and 
October 2020. For this study, we selected eligible patients from the database based 
on the following criteria: patients who (i) fulfilled the ACR/EULAR classification cri-
teria, (ii) were classified as having dcSSc, (iii) had been treated with TCZ for at 
least 6 months, and (iv) were follow-up >6 months after TCZ introduction. Clinical 
information including demographic and clinical characteristics at TCZ introduction; 
dosing, administration route, and adherence to TCZ; and serial clinical parameters